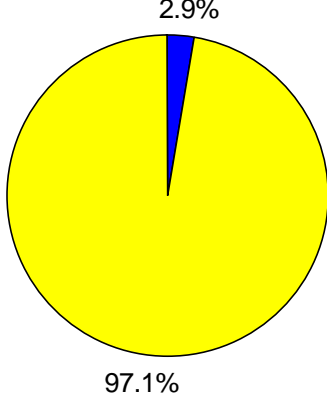


Fire and Rescue Department

92-04-Occupational Health and Safety Programs

| Fund/Agency: 001/92 | | Fire and Rescue Department |
|---|--------------------|---|
| Personnel Services | \$729,588 | <p style="text-align: center;">CAPS Percentage of Agency Total</p>  <p style="text-align: center;">2.9%</p> <p style="text-align: center;">97.1%</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ■ Occupational Health and Safety Programs ■ All Other Agency CAPS </div> |
| Operating Expenses | \$2,287,603 | |
| Recovered Costs | \$0 | |
| Capital Equipment | \$0 | |
| | | |
| Total CAPS Cost: | \$3,017,191 | |
| | | |
| Federal Revenue | \$0 | |
| State Revenue | \$0 | |
| User Fee Revenue | \$36,500 | |
| Other Revenue | \$0 | |
| | | |
| Total Revenue: | \$36,500 | |
| | | |
| Net CAPS Cost: | \$2,980,691 | |
| | | |
| Positions/SYE involved in the delivery of this CAPS | 10/10 | |

► CAPS Summary

The goal of the Fairfax County Fire and Rescue Department's Occupational Health and Safety Program (OHSP) is to provide comprehensive occupational health and safety service to FRD uniformed and volunteer personnel and appropriate medical examinations to all public safety agencies and their applicants in order to maintain a safe and healthful workplace and to ensure all public safety agencies have personnel medically fit for duty. This goal is achieved in accordance with NFPA 1500: Standard on Fire Department Occupational Safety and Health Programs and the OSHA General Duty Clause (29 USC 654 (A) (1)). The intent of this statute is to protect employees from workplace accidents and exposures by requiring employers to recognize and correct hazards.

The OHSP provides guidance, management oversight, and medical services for early detection and prevention of job-related illness and injury. There are seven distinct functional areas in the OHSP.

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The **Public Safety Occupational Health Center (PSOHC)** is the primary vehicle through which medical services are delivered. All public safety agency applicants are evaluated and screened at the PSOHC. In addition, the PSOHC provides pre-placement evaluations, periodic health assessments, return-to-work and fitness-for-duty evaluations, separation examinations, surveillance of occupational exposures, medical clearance for respirator use, and case management for occupational injuries and illnesses. In addition, the center staff tests and certifies members annually in the correct selection of respiratory protection equipment. The PSOHC assists members affected by occupational injuries or illnesses in their rehabilitation in an effort to facilitate their return to active duty or limited duty. A new activity for the center, within their existing capacity, is the treatment of minor occupational injuries sustained on the job by firefighters.

- Code of Virginia – Line of Duty Act (65.2-402) Presumption as to death or disability from respiratory disease, hypertension or heart disease, and cancer. All claims made under the Virginia Line of Duty Act require a comprehensive investigation.
- OSHA Fire Brigade Standard 29 CFR 1910.156 (2, e) – Requires fire protection personnel to submit to an annual medical examination.

A concurrent activity is the **Confidential Health Database** component that maintains health files on each employee and volunteer. These health files include results of regular medical evaluations, physical performance tests, occupational illnesses or injuries. Also included are files related to exposures to suspected hazardous materials, toxic products, or contagious diseases. New projects also include on-line injury reporting, client billing software, MEDGATE (medical records management system) and an injury/restricted duty database.

- Senate Joint Resolution No. 120 - Requesting the Virginia Fire Services Board to develop and maintain a statewide database for the collection and analysis of information documenting firefighter exposure to toxic substances, 1994.

Transitional Duty Programs are designed for personnel who have sustained on-the-job injuries or who are experiencing medical problems that prevent them from performing their full job duties but have the ability to work in some capacity. Job assignments are carefully matched to the individuals' abilities and restrictions, while supporting and monitoring rehabilitation efforts to ensure a timely return to full duty, permanent alternative placement or retirement from the department. Relevant mandates include:

- NFPA 1582 Standard on Medical Requirements for Fire Fighters, ADA - Americans with Disabilities Act, Virginia Workers Compensation Act, OSHA 29 CFR 1910.134 Respiratory Protection standard, and NFPA 1001 requiring candidates and incumbents alike to be physically fit to operate safely and efficiently.

The **Fitness and Wellness Program** provides resources, time, and expertise to firefighters to achieve and maintain peak physical fitness levels, to facilitate recovery from a work-related injury or illness, and to minimize the risk of on-the-job injuries. The wellness component incorporates behavioral health, physical fitness, nutrition, and injury and illness prevention and rehabilitation. The fitness component supports a structured physical fitness program and involves the purchase, installation, and maintenance of fitness equipment for the Massey Fitness Center, Training Academy, and fire stations. The fitness component is supplemented by Peer Fitness Trainers who conduct training sessions for incumbents and firefighter candidates and assist with the administration of the Work Performance Evaluation (WPE) and Candidate Physical Abilities Test (CPAT). In addition, the Peer Fitness Trainers develop and administer the

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US Department of Justice mandated physical performance training requirements for candidates who participate in the CPAT. The fitness component provides physical performance assessments on any individual returning to full duty from a debilitating injury, illness, or other extended leave.

The **Critical Incident Stress Management Program (CISM)** provides trained clinicians and peer counselors to identify and counsel individuals who are experiencing difficulties in coping with critical incidents encountered while performing emergency services duties. CISM provides a program that identifies and assists members and their immediate families with substance abuse, stress, and personal problems that adversely affect work performance. In addition, this effort provides education and counseling for the purpose of preventing health problems and enhancing well being. When necessary, staff may refer personnel or their immediate families to EAP and other health care services for the restoration of job performance. In addition, OHSP supports the Peer Support Program (PSP), which provides informal mentoring and sponsor services to co-workers facing issues of substance abuse to facilitate recovery.

The **Infectious Disease and Environmental Control (IDC) Program** attempts to identify, limit, or prevent exposure to infectious and contagious diseases. Another functional activity within this program includes the prevention of exposure to airborne contaminants such as combustion products and asbestos fibers. The IDC provides employees and volunteers with protection from exposure to bloodborne pathogens and other potentially infectious material, and presents a comprehensive education and control program for personnel who may be exposed to bloodborne pathogens or infectious materials. The IDC ensures that all members have access to an appropriate immunization program and ensures that all members have adequate immunity to infectious diseases, and ensures annual tuberculosis testing. Relevant mandates include:

- NFPA 1581 - Standard on Fire Department Infection Control Programs
- 29 CFR 1910.1030 – Bloodborne Pathogens; Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990
- Center for Disease Control (CDC) Recommended Practice for Prevention and Control of Exposure to Mycobacterium Tuberculosis

The IDC maintains the department's respiratory protection program that addresses selection, safe use, and maintenance of respiratory protection equipment, training, and assurances of air quality testing (29 CFR 1910.134, OSHA Respiratory Protection).

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The **Safety Program** follows the NFPA 1521 Standard for Fire Department Safety Officers and includes multiple field activities. Safety officers are assigned to 24-hour shift duties. Safety officers ensure OSHA compliance throughout structural fire suppression, emergency medical, hazardous materials, and technical rescue responses. Safety officers develop and distribute safety and health information, manage compliance with the Department of Finance's Risk Management program, develop accident prevention programs, and provide instruction in safe work practices. When indicated, safety personnel provide accurate investigation, identification of corrective actions and the reporting for claims involving personal injury, toxic exposures, vehicle accidents, citizen complaints of damage and loss or damage to county-owned vehicles and equipment. All work locations are inspected to ensure compliance with Federal, State, and Local health and safety laws. Safety officers ensure all members have appropriate personal protective clothing and equipment for safe operation within their specific positions, and train personnel in the care, use, inspection, maintenance, and limitations of the protective clothing and equipment. Finally, safety officers facilitate the FRD's compliance with the following code requirements mandated for providers of fire protection services to localities which include the following:

- Occupational Noise Exposure (OSHA 29 CFR 1910.95) - Requires employers to measure sound levels in the workplace, provide protective hearing equipment, develop a hearing conservation program and maintain records on employee noise exposure levels.
- Asbestos (OSHA 29 CFR 1910.10) – Establishes minimum health risks and training associated with asbestos exposure. Provides appropriate workplace and medical surveillance for individuals working in or otherwise exposed to an environment containing asbestos materials. Asbestos control plans are developed and training is provided to employees at each work site identified as containing asbestos materials.
- Personal Protective Equipment (OSHA 29 CFR 1910.132 and 1910.140) - Establishes general requirements for employers to provide testing, inspection, and maintenance of personal protective equipment (PPE) for employees exposed to workplace hazards. Employees must be trained on the proper use of such equipment to include eye protection, face protection, head and extremity protection, protective clothing, respiratory protection, and protective shields and barriers. In addition, 29 CFR 1910.134 requires that when employees enter a hazardous area using respiratory protection, one or more similarly equipped employees must be standing by to provide accountability and assist in rescue if needed. Specific requirements are listed for regular maintenance and testing of respiratory equipment, fit testing, and other requirements.
- Hazardous Waste Operations and Emergency Response (OSHA 29 CFR 1910.120) – Applies to personnel involved in hazardous materials response; Hazard Communication (OSHA 29 CFR 1910.1200) - Sanitation requirements (OSHA 29 CFR 1910.141) – inspections of fire department facilities; Permit-Required Confined Spaces (OSHA 29 CFR 1910.146) – protection for personnel who enter "permit-required confined spaces."

► **Method of Service Provision**

The service activities of the Occupational Health and Safety Program are delivered by 10 merit employees assigned to OHSD, physicians and nurses provided by contractual services, and the occasional detail of uniformed personnel assigned to Operations for other program responsibilities.

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► Performance/Workload Related Data

Objectives:

- To increase the percentage of public safety personnel who receive annual medical exams by two percentage points, from 90 to 92 percent, toward a target of 100 percent.
- To reduce the total number of days away from regular work duties due to work-related injuries and illnesses for all FRD uniformed personnel (through the combined efforts of safety education and practices, health promotion, and enhanced case management of personnel on injury leave and light duty) by 0.5 percent, towards a target of 0.5 percent of field staff days.

| Title | FY 1998 Actual | FY 1999 Actual | FY 2000 Actual | FY 2001 Estimate ¹ | FY 2002 Estimate |
|--|-------------------|-------------------|-------------------|----------------------------------|---------------------|
| Annual medical exams provided | 982 | 2,579 | 2,703 | 3,190 | 3,400 |
| Number of days away from regular duties due to work-related injuries or illness | 1,125 | 1,606 | 1,271 | 1,301 | 1,171 |
| Cost of days lost due to work-related injuries or illnesses per | \$562,500 | \$803,000 | \$762,600 | \$650,000 | \$600,000 |
| Days lost compared to total number of field staff days per year (percent of whole) | 0.9% | 1.3% | 0.9% | 1.0% | 0.5% |
| Percent of annual compliance exam completed | 88% | 83% | 81% | 90% | 92% |

¹ Data reflected in table is FY 2001 actual data.

► Mandate Information

This CAPS is Federally or State mandated. The percentage of this CAPS' resources utilized to satisfy the mandate is 76 - 100%. The specific Federal or State code and a brief description of the code follows:

- OSHA General Duty Clause (29 USC 654 (A) (1) intent of this statute is to protect employees from workplace accidents and exposures by requiring employers to recognize and correct hazards. OSHA may use national consensus standards like those developed by NFPA.

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► User Fee Information

| Subobject Code | Fee Title | FY 2002 ABP Fee Total |
|--|---|------------------------------|
| 0637 | Public Safety Medical Exam Fees | \$36,500 |
| Current Fee | | Maximum Allowable Fee Amount |
| \$730 per applicant physical | | \$730 |
| Purpose of Fee: The fee is charged to Loudoun County Fire Department for applicant physicals because they currently do not have the capability to conduct these physical examinations in Loudoun County. | | |
| Levy Authority | Requirements to Change the Fee | Year Fee Was Last Adjusted |
| N/A | Adjustment to the Hunter Medical Contract | 2001 |